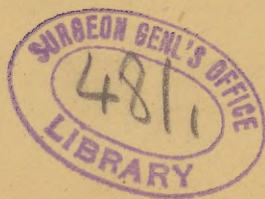


DALLAS (A.)

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for the cure of hernia —





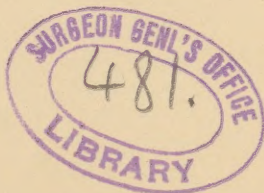
NEW INSTRUMENT FOR THE CURE OF HERNIA

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THE treatment of hernia is still so unsatisfactory that any means that will simplify the process and improve the results must prove of interest to the profession. The new instrument devised by me for this purpose is applicable in inguinal and femoral herniæ (which form 90 per cent. of all the cases), and its simplicity and efficiency will prove its own indorsement. As shown in the accompanying cut, it consists of a head and shaft or handle. The head is flattened, and its point smooth and blunted. Its anterior and posterior surfaces and outer edge are covered with fine, needle-pointed serrations, while its inner edge is smooth and occupied by a deep groove. The cover of the shaft is movable, and, while the instrument is being introduced, is pushed forward so as to cover completely all the serrations and present a perfectly smooth, rounded surface. By removing the end screw, the instrument can be taken apart and easily cleansed.

Method of using. The patient is placed on his back, with the pelvis elevated; the parts are thoroughly cleansed in the usual way, and local anesthesia is produced by the injection of a 4 per cent. cocaine-solution.

A transverse incision, one inch long, is then made through the integument, the subcutaneous tissue separated, the cord gently lifted to the inner side, and the instrument introduced with the groove embracing the cord. It is slowly insinuated along the canal until its



end is felt free in the abdominal cavity; the cover is then drawn back, exposing the serrations, and the instrument is carefully withdrawn, abrading and freshening, in its withdrawal, the whole interior surface of the canal, except the narrow portion where the cord lies, which is protected by the groove. During withdrawal, also, the fingers are pressed over the canal to prevent unnecessary effusion of blood. The external wound is at once firmly sealed with iodoform collodion; a firm compress is applied to keep the walls of the canal in apposition, and is kept in place by adhesive plaster and a spica bandage. There is no reaction, and the operation is devoid of danger. In two or three days firm agglutination has taken place, and the canal is obliterated. A light truss with a grooved pad (described elsewhere) is then applied, and the patient allowed to go about. The truss can be discarded in one or two months, when the parts have acquired sufficient strength.

To attain the best results four things are essential: 1, perfect asepsis; 2, an instrument large enough to slightly distend the canal; 3, the avoidance of unnecessary effusion of blood; 4, the use of a grooved pad which will give efficient support without undue pressure over the canal.

Indications. It can be used in all cases of congenital inguinal hernia, even of long standing; in all "recent" cases of acquired inguinal and femoral herniæ, or even in cases that have lasted some time when the normal contour of the canal still persists. It will thus be seen that its field of usefulness is very wide. Unlike the Heaton and the Schwaller methods, it is not painful, while its mode of application is exact, and its results prompt and definite. By its use truss-treatment can be largely dispensed with, and the operation for the "radical cure," with its dangers and uncertainties, can be limited to cases of long-standing associated with adhesions or other complications.

The instrument is made by Tiemann & Co., whom I have to thank for their courtesy and promptness in carrying out my ideas. In the instrument for femoral hernia the handle is suitably curved and the groove for



the femoral vein is slightly wider and more shallow, while, in the after-treatment, the leg is kept well flexed, so as to permit of the better approximation of the walls of the canal.



